

P19602.P01

# UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket No.

P19602

Total Pages

Inventor(s) or Applicant Identifier  
Koichi SATO

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Title: RECORDING OPERATION CONTROL DEVICE FOR  
ELECTRONIC STILL CAMERA

ADDRESS TO:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

## APPLICATION ELEMENTS

## ACCOMPANYING APPLICATION PART

1. ☒ Fee Transmittal Form
2. ☒ Specification [Total Pages 21]  
(preferred arrangement set forth below)  
- Descriptive title of the Invention  
- Cross References to Related Applications  
- Statement Regarding Fed sponsored R & D  
- Reference to Microfiche Appendix  
- Background of the Invention  
- Brief Summary of the Invention  
- Brief Description of the Drawings (if filed)  
- Detailed Description  
- Claim(s)  
- Abstract of the Disclosure
3. ☒ Drawing(s) (35 USC 113) [Total Sheets 6]
- ☒ Oath or Declaration [Total Pages 3]
- a. ☒ Newly executed (original or copy) ☐ Unexecuted
- b. ☐ Copy from a prior application (37 CFR 1.63(d))  
(for continuation/divisional with Box 18 completed)  
[Note Box 5 below]
- i. ☐ **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR 1.63(d)(2)  
and 1.33(b).
5. ☐ Incorporation By Reference (useable if Box 4b is checked)  
The entire disclosure of the prior application, from which a copy  
of the oath or declaration is supplied under Box 4b, is considered  
as being part of the disclosure of the accompanying application  
and is hereby incorporated by reference therein.
- ☐ Microfiche Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission  
(if applicable, all necessary)
- a. ☐ Computer Readable Copy
- b. ☐ Paper Copy
- c. ☐ Statement verifying identity of above copies

8. ☒ Assignment Papers (cover sheet & document(s))
9. ☐ 37 CFR 3.73(b) Statement ☐ Power of Attorney  
(when there is an assignee)
10. ☐ English Translation Document (if applicable)
11. ☐ Information Disclosure ☐ Copies of IDS Citations  
Statement (IDS)/PTO-1449
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. ☐ Small Entity ☐ Statement filed in prior application,  
Statement(s) Status still proper and desired
15. ☐ The prior application is assigned of record to \_\_\_\_\_
16. ☒ Foreign priority claimed  
a. ☒ Claim of Priority  
b. ☒ Certified Copy of Priority Document(s)
17. ☐ Other: \_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

18. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior Application No. \_\_\_\_\_/\_\_\_\_\_, filed \_\_\_\_\_.19. ☐ Amend the specification by inserting before the first line the sentence:

This application is a \_\_\_ continuation-in-part, \_\_\_ continuation, \_\_\_ division, of Application No. \_\_\_\_\_/\_\_\_\_\_, filed \_\_\_\_\_.

Address all future correspondence to Customer No. 7055 at the present address of:

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 Reg 16  
 33,329
Bruce H. Bernstein, Reg No. 29,027  
Typed or Printed Name

|  |  |                        |                       |
|--|--|------------------------|-----------------------|
| FEE TRANSMITTAL                            |  | Complete if Known      |                       |
|  |  | Application Number     | Not Yet Assigned      |
|  |  | Filing Date            | Concurrently Herewith |
|  |  | First Named Inventor   | K. SATO               |
|  |  | Group Art Unit         | Unknown               |
|  |  | Examiner Name          | Unknown               |
| TOTAL AMOUNT OF PAYMENT (\$) <u>730.00</u> |  | Attorney Docket Number | P19602                |

c841 U.S. PTO  
 09/27/00

| METHOD OF PAYMENT (check one)  | FEE CALCULATION (continued) |                 |                 |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
|--|-----------------------------|-----------------|-----------------|--|-----------------|----------|-----|-----|-----|-----|--------------------|------------|-----|-----|-----|-----|-------------------|-----------------|-----|-----|-----|-----|------------------|-----------------|-----|-----|-----|-----|--------------------|-----------------|-----|-----|-----|----|------------------------|-----------------|--------------------------|--|--|--|--|------------|--------------|-------|----------------|----------|----------------|----------|-----------|----------|--------------|----------|-----------|----------|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|----|-----|---|------------------------|-----------------|-----|----|-----|----|-----------------------------------|-----------------|-----|-----|-----|-----|--------------------------|-----------------|-----|----|-----|----|---|-----------------|-----|----|-----|---|---|-----------------|--------------------------|--|--|--|--|-------------|--|----------------|-----------------|----------------|-----------------|-----------------|----------|-----|-----|-----|----|-------------------------------------|-----------------|-----|----|-----|----|---|-----------------|-----|-----|-----|-----|---------------------------|-----------------|-----|-------|-----|-------|--|-----------------|-----|------|-----|------|-------------------------------|-----------------|--|--|--|--|--------------------------|-----------------|-----|--------|-----|--------|---|-----------------|-----|-----|-----|----|---|-----------------|-----|-----|-----|-----|---|-----------------|-----|-----|-----|-----|---|-----------------|-----|-------|-----|-----|---|-----------------|-----|-------|-----|-----|---|-----------------|-----|-----|-----|-----|------------------|-----------------|-----|-----|-----|-----|--|-----------------|-----|-----|-----|-----|--------------------------|-----------------|-----|-------|-----|-------|---|-----------------|-----|-----|-----|----|--|-----------------|-----|-------|-----|-----|--|-----------------|-----|-------|-----|-----|--------------------------------|-----------------|-----|-----|-----|-----|------------------|-----------------|-----|-----|-----|-----|-----------------|-----------------|-----|-----|-----|-----|-------------------------------|-----------------|-----|----|-----|----|---|-----------------|-----|-----|-----|-----|-------------------|-----------------|-----|----|-----|----|--|-----------|-----|-----|-----|-----|---|-----------------|-----|-----|-----|-----|--|-----------------|---|--|--|--|--|-----------------|---|--|--|--|--|-----------------|--------------------------|--|--|--|--|-----------|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <u>19-0089</u></p> <p>Deposit Account Name <u>GREENBLUM &amp; BERNSTEIN, P.L.C.</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17, including any required extension of time fees in any concurrent or future reply requiring a petition for extension of time for its timely submission (37 CFR 1.136(a)(3))</p> <p><input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance, 37 CFR 1.311(b)</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input checked="" type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p> <p style="text-align: center;"><b>FEE CALCULATION</b> (fees effective 11/13/99)</p> <p><b>1. FILING FEE</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>690</td><td>201</td><td>345</td><td>Utility filing fee</td><td><u>690</u></td></tr> <tr><td>106</td><td>310</td><td>206</td><td>155</td><td>Design filing fee</td><td><u>        </u></td></tr> <tr><td>107</td><td>480</td><td>207</td><td>240</td><td>Plant filing fee</td><td><u>        </u></td></tr> <tr><td>108</td><td>690</td><td>208</td><td>345</td><td>Reissue filing fee</td><td><u>        </u></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td><u>        </u></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (1) (\$)</b></td> <td><u>690</u></td> </tr> </tbody> </table> <p><b>2. CLAIMS</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Total Claims</th> <th>Extra</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr> <td><u>11</u> -20=</td> <td><u>0</u></td> <td><u>18</u></td> <td><u>0</u></td> </tr> <tr> <td><u>2</u> -3=</td> <td><u>0</u></td> <td><u>78</u></td> <td><u>0</u></td> </tr> </tbody> </table> <p>Multiple Dependent Claims <u>        </u> x <u>260</u> = <u>0</u></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td><u>        </u></td></tr> <tr><td>102</td><td>78</td><td>202</td><td>39</td><td>Independent claims in excess of 3</td><td><u>        </u></td></tr> <tr><td>104</td><td>260</td><td>204</td><td>130</td><td>Multiple dependent claim</td><td><u>        </u></td></tr> <tr><td>109</td><td>78</td><td>209</td><td>39</td><td>Reissue independent claims over original patent</td><td><u>        </u></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>Reissue claims in excess of 20 and over original patent</td><td><u>        </u></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (2) (\$)</b></td> <td><u>0.00</u></td> </tr> </tbody> </table> | Large Fee Code              | Entity Fee (\$) | Small Fee Code  | Entity Fee (\$)  | Fee Description | Fee Paid | 105 | 690 | 201 | 345 | Utility filing fee | <u>690</u> | 106 | 310 | 206 | 155 | Design filing fee | <u>        </u> | 107 | 480 | 207 | 240 | Plant filing fee | <u>        </u> | 108 | 690 | 208 | 345 | Reissue filing fee | <u>        </u> | 114 | 150 | 214 | 75 | Provisional filing fee | <u>        </u> | <b>SUBTOTAL (1) (\$)</b> |  |  |  |  | <u>690</u> | Total Claims | Extra | Fee from below | Fee Paid | <u>11</u> -20= | <u>0</u> | <u>18</u> | <u>0</u> | <u>2</u> -3= | <u>0</u> | <u>78</u> | <u>0</u> | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 103 | 18 | 203 | 9 | Claims in excess of 20 | <u>        </u> | 102 | 78 | 202 | 39 | Independent claims in excess of 3 | <u>        </u> | 104 | 260 | 204 | 130 | Multiple dependent claim | <u>        </u> | 109 | 78 | 209 | 39 | Reissue independent claims over original patent | <u>        </u> | 110 | 18 | 210 | 9 | Reissue claims in excess of 20 and over original patent | <u>        </u> | <b>SUBTOTAL (2) (\$)</b> |  |  |  |  | <u>0.00</u> | <p><b>3. ADDITIONAL FEES</b></p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><u>        </u></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td><u>        </u></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><u>        </u></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td><u>        </u></td></tr> <tr><td>112</td><td>900*</td><td>112</td><td>900*</td><td>Requesting publication of SIR</td><td><u>        </u></td></tr> <tr><td></td><td></td><td></td><td></td><td>Prior to Examiner action</td><td><u>        </u></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td><u>        </u></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for response within 1st month</td><td><u>        </u></td></tr> <tr><td>116</td><td>380</td><td>216</td><td>190</td><td>Extension for response within 2nd month</td><td><u>        </u></td></tr> <tr><td>117</td><td>870</td><td>217</td><td>435</td><td>Extension for response within 3rd month</td><td><u>        </u></td></tr> <tr><td>118</td><td>1,360</td><td>218</td><td>680</td><td>Extension for response within 4th month</td><td><u>        </u></td></tr> <tr><td>128</td><td>1,850</td><td>228</td><td>925</td><td>Extension for response within 5th month</td><td><u>        </u></td></tr> <tr><td>119</td><td>300</td><td>219</td><td>150</td><td>Notice of Appeal</td><td><u>        </u></td></tr> <tr><td>120</td><td>300</td><td>220</td><td>150</td><td>Filing a brief in support of an appeal</td><td><u>        </u></td></tr> <tr><td>121</td><td>260</td><td>221</td><td>130</td><td>Request for oral hearing</td><td><u>        </u></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><u>        </u></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive unavoidably abandoned application</td><td><u>        </u></td></tr> <tr><td>141</td><td>1,210</td><td>241</td><td>605</td><td>Petition to revive unintentionally abandoned application</td><td><u>        </u></td></tr> <tr><td>142</td><td>1,210</td><td>242</td><td>605</td><td>Utility issue fee (or reissue)</td><td><u>        </u></td></tr> <tr><td>143</td><td>430</td><td>243</td><td>215</td><td>Design issue fee</td><td><u>        </u></td></tr> <tr><td>144</td><td>580</td><td>244</td><td>290</td><td>Plant issue fee</td><td><u>        </u></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><u>        </u></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td><u>        </u></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of IDS</td><td><u>        </u></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><u>40</u></td></tr> <tr><td>146</td><td>760</td><td>246</td><td>380</td><td>Filing a submission after final rejection (37 CFR 1.129(a))</td><td><u>        </u></td></tr> <tr><td>149</td><td>760</td><td>249</td><td>380</td><td>For each additional invention to be examined (37 CFR 1.129(b))</td><td><u>        </u></td></tr> <tr><td colspan="5">Other fee (specify) <u>  </u></td><td><u>        </u></td></tr> <tr><td colspan="5">Other fee (specify) <u>  </u></td><td><u>        </u></td></tr> <tr> <td colspan="5" style="text-align: right;"><b>SUBTOTAL (3) (\$)</b></td> <td><u>40</u></td> </tr> </tbody> </table> <p>*Reduced by Basic Filing Fee paid</p> | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | <u>        </u> | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. | <u>        </u> | 139 | 130 | 139 | 130 | Non-English specification | <u>        </u> | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | <u>        </u> | 112 | 900* | 112 | 900* | Requesting publication of SIR | <u>        </u> |  |  |  |  | Prior to Examiner action | <u>        </u> | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | <u>        </u> | 115 | 110 | 215 | 55 | Extension for response within 1st month | <u>        </u> | 116 | 380 | 216 | 190 | Extension for response within 2nd month | <u>        </u> | 117 | 870 | 217 | 435 | Extension for response within 3rd month | <u>        </u> | 118 | 1,360 | 218 | 680 | Extension for response within 4th month | <u>        </u> | 128 | 1,850 | 228 | 925 | Extension for response within 5th month | <u>        </u> | 119 | 300 | 219 | 150 | Notice of Appeal | <u>        </u> | 120 | 300 | 220 | 150 | Filing a brief in support of an appeal | <u>        </u> | 121 | 260 | 221 | 130 | Request for oral hearing | <u>        </u> | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | <u>        </u> | 140 | 110 | 240 | 55 | Petition to revive unavoidably abandoned application | <u>        </u> | 141 | 1,210 | 241 | 605 | Petition to revive unintentionally abandoned application | <u>        </u> | 142 | 1,210 | 242 | 605 | Utility issue fee (or reissue) | <u>        </u> | 143 | 430 | 243 | 215 | Design issue fee | <u>        </u> | 144 | 580 | 244 | 290 | Plant issue fee | <u>        </u> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <u>        </u> | 123 | 50 | 123 | 50 | Petitions related to provisional applications | <u>        </u> | 126 | 240 | 126 | 240 | Submission of IDS | <u>        </u> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <u>40</u> | 146 | 760 | 246 | 380 | Filing a submission after final rejection (37 CFR 1.129(a)) | <u>        </u> | 149 | 760 | 249 | 380 | For each additional invention to be examined (37 CFR 1.129(b)) | <u>        </u> | Other fee (specify) <u>  </u> |  |  |  |  | <u>        </u> | Other fee (specify) <u>  </u> |  |  |  |  | <u>        </u> | <b>SUBTOTAL (3) (\$)</b> |  |  |  |  | <u>40</u> |
| Large Fee Code   | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid        |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 105  | 690                         | 201             | 345             | Utility filing fee   | <u>690</u>      |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 106  | 310                         | 206             | 155             | Design filing fee  | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 107  | 480                         | 207             | 240             | Plant filing fee   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 108  | 690                         | 208             | 345             | Reissue filing fee   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 114  | 150                         | 214             | 75              | Provisional filing fee   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| <b>SUBTOTAL (1) (\$)</b>   |                             |                 |                 |  | <u>690</u>      |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Total Claims   | Extra                       | Fee from below  | Fee Paid        |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| <u>11</u> -20=   | <u>0</u>                    | <u>18</u>       | <u>0</u>        |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| <u>2</u> -3=   | <u>0</u>                    | <u>78</u>       | <u>0</u>        |  |                 |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Large Fee Code   | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid        |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 103  | 18                          | 203             | 9               | Claims in excess of 20   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 102  | 78                          | 202             | 39              | Independent claims in excess of 3  | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 104  | 260                         | 204             | 130             | Multiple dependent claim   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 109  | 78                          | 209             | 39              | Reissue independent claims over original patent                            | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 110  | 18                          | 210             | 9               | Reissue claims in excess of 20 and over original patent                    | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| <b>SUBTOTAL (2) (\$)</b>   |                             |                 |                 |  | <u>0.00</u>     |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Large Fee Code   | Entity Fee (\$)             | Small Fee Code  | Entity Fee (\$) | Fee Description  | Fee Paid        |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 105  | 130                         | 205             | 65              | Surcharge - late filing fee or oath  | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 127  | 50                          | 227             | 25              | Surcharge - late provisional filing fee or cover sheet.                    | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 139  | 130                         | 139             | 130             | Non-English specification  | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 147  | 2,520                       | 147             | 2,520           | For filing a request for reexamination                                     | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 112  | 900*                        | 112             | 900*            | Requesting publication of SIR  | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
|  |                             |                 |                 | Prior to Examiner action   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 113  | 1,840*                      | 113             | 1,840*          | Requesting publication of SIR after Examiner action                        | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 115  | 110                         | 215             | 55              | Extension for response within 1st month                                    | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 116  | 380                         | 216             | 190             | Extension for response within 2nd month                                    | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 117  | 870                         | 217             | 435             | Extension for response within 3rd month                                    | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 118  | 1,360                       | 218             | 680             | Extension for response within 4th month                                    | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 128  | 1,850                       | 228             | 925             | Extension for response within 5th month                                    | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 119  | 300                         | 219             | 150             | Notice of Appeal   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 120  | 300                         | 220             | 150             | Filing a brief in support of an appeal                                     | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 121  | 260                         | 221             | 130             | Request for oral hearing   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 138  | 1,510                       | 138             | 1,510           | Petition to institute a public use proceeding                              | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 140  | 110                         | 240             | 55              | Petition to revive unavoidably abandoned application                       | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 141  | 1,210                       | 241             | 605             | Petition to revive unintentionally abandoned application                   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 142  | 1,210                       | 242             | 605             | Utility issue fee (or reissue)   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 143  | 430                         | 243             | 215             | Design issue fee   | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 144  | 580                         | 244             | 290             | Plant issue fee  | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 122  | 130                         | 122             | 130             | Petitions to the Commissioner  | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 123  | 50                          | 123             | 50              | Petitions related to provisional applications                              | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 126  | 240                         | 126             | 240             | Submission of IDS  | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 581  | 40                          | 581             | 40              | Recording each patent assignment per property (times number of properties) | <u>40</u>       |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 146  | 760                         | 246             | 380             | Filing a submission after final rejection (37 CFR 1.129(a))                | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| 149  | 760                         | 249             | 380             | For each additional invention to be examined (37 CFR 1.129(b))             | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Other fee (specify) <u>  </u>  |                             |                 |                 |  | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| Other fee (specify) <u>  </u>  |                             |                 |                 |  | <u>        </u> |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |
| <b>SUBTOTAL (3) (\$)</b>   |                             |                 |                 |  | <u>40</u>       |          |     |     |     |     |                    |            |     |     |     |     |                   |                 |     |     |     |     |                  |                 |     |     |     |     |                    |                 |     |     |     |    |                        |                 |                          |  |  |  |  |            |              |       |                |          |                |          |           |          |              |          |           |          |                |                 |                |                 |                 |          |     |    |     |   |                        |                 |     |    |     |    |                                   |                 |     |     |     |     |                          |                 |     |    |     |    |   |                 |     |    |     |   |   |                 |                          |  |  |  |  |             |  |                |                 |                |                 |                 |          |     |     |     |    |                                     |                 |     |    |     |    |   |                 |     |     |     |     |                           |                 |     |       |     |       |  |                 |     |      |     |      |                               |                 |  |  |  |  |                          |                 |     |        |     |        |   |                 |     |     |     |    |   |                 |     |     |     |     |   |                 |     |     |     |     |   |                 |     |       |     |     |   |                 |     |       |     |     |   |                 |     |     |     |     |                  |                 |     |     |     |     |  |                 |     |     |     |     |                          |                 |     |       |     |       |   |                 |     |     |     |    |  |                 |     |       |     |     |  |                 |     |       |     |     |                                |                 |     |     |     |     |                  |                 |     |     |     |     |                 |                 |     |     |     |     |                               |                 |     |    |     |    |   |                 |     |     |     |     |                   |                 |     |    |     |    |  |           |     |     |     |     |   |                 |     |     |     |     |  |                 |   |  |  |  |  |                 |   |  |  |  |  |                 |                          |  |  |  |  |           |

| SUBMITTED BY          |  |                         |  | Complete (if applicable) |        |
|-----------------------|--|-------------------------|--|--------------------------|--------|
| Typed or Printed Name |  | Bruce H. Bernstein      |  | Reg. Number              | 29,027 |
| Signature             |  | <br>Date <u>9/27/00</u> |  | Deposit Account User ID  |        |